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CONFIRMATION NO. 7276

<b>SERIAL NUMBER</b> 10/804,436	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 068351.0144	
<b>APPLICANTS</b> Mark B. Lyles, Great Lakes, IL; <i>[Signature]</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/456,723 03/21/2003 <i>[Signature]</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>[Signature]</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 05/31/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					
<b>ADDRESS</b> 31625					
<b>TITLE</b> Keratinocyte-fibrocyte concomitant grafting for wound healing					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		